

CITY OF SAN ANTONIO
INTERDEPARTMENT CORRESPONDENCE SHEET


TO: All Holders of Administrative Directives
FROM: George K. Noe, Director of Management Services
COPIES TO: File
SUBJECT: REVISIONS TO ADMINISTRATIVE DIRECTIVE 4.18
EXTENDED SICK LEAVE PROGRAM
DATE: MARCH 25, 1991

Attached is a revised copy of A.D. 4.18, Extended Sick Leave Program effective April 1, 1991.

These revisions supersede all previous directives, memoranda or other correspondence on the subject.

Additional A.D.'s may be ordered through Central Stores by using a Reproduction Work Order.

Questions or interpretations regarding these changes should be directed to Shirley Stanfield at 299-7996.


George K. Noe
Director of Management
Services

EFFECTIVE DATE: January 1, 1985

REVISION DATES: October 1, 1987, April 1, 1991

SUBJECT: EXTENDED SICK LEAVE PROGRAM

I. PURPOSE:

The purpose of this directive is to provide guidance and outline the general provisions of the City of San Antonio's Extended Sick Leave Program adopted by the City Council through Ordinance No. 59309 and amended through Ordinance No. 65681. This directive, along with the attached Extended Sick Leave Plan Document, will provide the necessary information concerning administration and benefit provisions of the Program.

II. DEFINITIONS:

- A. Application - the Application for Benefits.
- B. Application for Benefits - the form required to be completed by the employee who applies for disability benefits. (The form is different for short- and long-term disability benefits.)
- C. Attending Physician - the physician who is treating the employee for illness/injury.
- D. Attending Physician's Statement - the form required to be completed by the employee's Attending Physician when the employee applies for disability benefits. (The form is different for short- and long-term disability benefits.)
- E. Benefits - extended sick leave benefits.
- F. City - the City of San Antonio.
- G. City Physician - the medical examiner who conducts evaluation on behalf of the City of San Antonio.
- H. Disability - See definition in Plan Document, Section 2.02.
- I. Employee - See definition in Plan Document, Section 2.04.
- J. Extended Sick Leave Plan - the Plan adopted by the City Council through ordinance to provide the permanent full-time employee of the City of San Antonio with extended sick leave benefits.
- K. Initial probationary period - the first six (6) months of employment after date of hire.
- L. Long-term disability - a non-job-related illness or injury as defined in the Plan Document, Section 2.02, which results in the employee being completely and continuously unable to perform his/her regular work for a period exceeding twenty-six (26) weeks.

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- M. Permanent full-time employee - See definition in Plan Document, Section 2.04.
- N. Plan Administrator - See definition in Plan Document, Section 2.08.
- O. Plan Document - the Extended Sick Leave Plan Document.
- P. Program - the Extended Sick Leave Program.
- Q. Qualifying Period - the first five (5) consecutive working days or forty (40) consecutive work hours of absence due to a non-job-related illness or injury.
- R. Recurrence - See definition in Plan Document, Section 2.13.
- S. Rehabilitative employment - See definition in Plan Document, Section 2.11.
- T. Short-term disability - a non-job-related illness or injury as defined in the Plan Document, Section 2.02, which results in the employee being completely and continuously unable to perform his/her regular work for a period not exceeding twenty-six (26) weeks.
- U. Statement - the Attending Physician's Statement.

III. SHORT-TERM DISABILITY:

- A. Any permanent full-time employee of the City of San Antonio who has completed the initial probationary period (6 months after hire), excluding uniformed fire and police personnel governed by a collective bargaining agreement, is eligible to apply for benefits under this Program if he/she
 - 1. suffers an off-the-job injury or illness after January 1, 1985, and
 - 2. has been off from work for five (5) consecutive working days or forty (40) consecutive work hours (qualifying period) due to the off-the-job illness or injury and is under the care of a licensed physician, and
 - 3. does not have an illness listed as an exclusion in Section 5.02 of the Plan Document.
- B. In order to apply and be considered for benefits under this Program, the employee must

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1. submit an Application for Benefits (Attachment) and an Attending Physician's Statement (Attachment) to the Plan Administrator with a copy to his/her supervisor, within thirty (30) days after onset of the disability (may be submitted in advance where circumstances permit i.e., prescheduled hospitalization, surgeries, etc.). An Application will not be accepted and no benefits paid if the forms are submitted more than thirty (30) days after onset of the disability.
 2. ensure that the Application and Statement are accurately and completely filled out before any benefits may be considered by the Plan Administrator.
- C. The Plan Administrator shall
1. verify that the employee is eligible to apply for benefits.
 2. verify through the employee's supervisor or payroll clerk of the employee's department that the employee has been off the job for the qualifying period.
 3. process the Application within three (3) working days after accurate and complete forms (Application and Statement) are received by the Plan Administrator.
 4. have the employee examined by the City Physician or a licensed physician selected by the City should there be a question concerning the Application or Statement.
 5. notify the employee's department and the employee of approval within five (5) working days after accurate and complete forms (Application and Statement) are received by the Plan Administrator. The notice to the employee shall be in writing.
 6. notify the employee's department and the employee of disapproval verbally within five (5) working days after accurate and complete forms (Application and Statement) are received by the Plan Administrator. Notification of the employee shall also be done in writing within sixty (60) days after forms are filed with the Plan Administrator, in accordance with Section 6.04 of the Plan Document.
 7. within seven (7) working days after accurate and complete forms (Application and Statement) are received, coordinate consideration of the employee who is approved for short-term disability benefits for a light-duty position with the Light-Duty Coordinator. (A.D. 4.37)

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8. make adjustments to benefits as provided for in Sections 4.05 and 4.07 of the Plan Document.
- D. The employee's supervisor or employee's department payroll clerk shall
1. verify with the Plan Administrator the percentage of benefits to which the employee is entitled based upon years of service. (Plan Document, Section 4.01)
 2. charge the qualifying period to personal leave, annual leave, or compensatory time. No banked sick leave shall be used for the qualifying period. No leave without pay shall be used unless all annual leave, personal leave, and compensatory time have been exhausted.
 3. ensure that benefit payments are made in accordance with normal payroll procedures.
 4. supplement the short-term disability benefits with banked sick leave (if available), in accordance with Section 4.02 of the Plan Document, or with personal leave, annual leave or compensatory time.
 5. ensure that the employee is charged personal leave, annual leave, or leave without pay until extended sick leave benefits are approved when the employee is unable to file the Application and Statement with the Plan Administrator before the department's payroll is certified. (If personal leave is exhausted, then the employee may be charged banked sick leave, except for the qualifying period.) If approved retroactively, the department's payroll clerk must complete a one-time adjustment to restore leave hours or pay.
 6. ensure that the employee's benefits are reduced by income received from other sources which are listed in the Plan Document, Section 4.05.
 7. not grant holiday pay to the employee. However, if the holiday falls within the qualifying period, the holiday shall be included as one of the five (5) qualifying work days.
 8. notify the Plan Administrator if the employee returns to work.
- E. The employee receiving short-term disability benefits shall
1. call in to his/her supervisor at least twice weekly or on a schedule requested by the supervisor, in accordance with the Absenteeism and Tardiness A.D. 4.2.

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2. notify the Plan Administrator of any medical changes, etc.
 3. cooperate with the Plan Administrator in carrying out the procedures outlined in this A.D. and the Plan Document, to include but not limited to, signing of medical releases or cooperating in efforts of rehabilitation or retraining that are deemed appropriate.
 4. not work for any other employer while on extended sick leave.
 5. apply for Social Security benefits after sixteen (16) weeks of short-term disability, in accordance with Section 4.06 of the Plan Document.
- F. At any time deemed necessary, the Plan Administrator may consult with the City Physician regarding an employee receiving short-term disability benefits or may refer the employee to the City Physician or a licensed physician selected by the City. The City Physician may contact the Attending Physician for additional information needed to evaluate the employee's disability. If it is determined that the employee is able to work, short-term disability benefits shall cease; the Plan Administrator shall notify the supervisor and/or department payroll clerk within one (1) working day after the Plan Administrator receives the physician's recommendation; the employee shall be removed from the Program; and the supervisor shall notify the employee to return to work.
- G. If an employee has more than one period of disability due to the same recurring condition, the periods shall be "bridged" and considered one disability unless the employee has returned to work for more than twelve (12) months from the first day of the qualifying period for the disability. The employee shall not be required to serve a second qualifying period if the disability is determined to be a recurrence by the Plan Administrator. The Plan Administrator shall return the employee to the Program at the last level of compensation.
- H. After seventeen (17) weeks of short-term disability, the Plan Administrator shall request updated medical information regarding the employee's eligibility for long-term disability.
- I. The employee shall not receive any short-term disability benefits after twenty-six (26) weeks.

IV. LONG-TERM DISABILITY:

- A. The employee shall be eligible for long-term disability benefits under the Extended Sick Leave Program if the employee

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1. has been on short-term disability for twenty-six (26) weeks, and
 2. remains ill or injured and is unable to return to work.
- B. The Plan Administrator shall send an Application for Long-Term Disability and an Attending Physician's Statement to the employee after seventeen (17) weeks of short-term disability and no later than the twenty-second (22nd) week of short-term disability.
- C. In order to apply and be considered for long-term disability benefits, the employee must
1. submit the Application and Statement to the Plan Administrator no later than the twenty-fourth (24th) week of short-term disability, and
 2. ensure that the Application and Statement are accurately and completely filled out before any long-term disability benefits may be considered by the Plan Administrator.
- D. The Plan Administrator shall
1. process the Application after accurate and complete forms (Application and Statement) are received by the Plan Administrator.
 2. verify eligibility of the employee for long-term disability by consulting with the City Physician or a licensed physician selected by the City. The Plan Administrator may have the employee examined by the City Physician or a licensed physician selected by the City should there be a question concerning the Application or Statement.
 3. notify the employee, the employee's department, and Risk Management in writing of approval within five (5) working days after accurate and complete forms (Application and Statement) are received by the Plan Administrator. The letter to the employee shall be comprehensive, explaining all changes to anticipate with the transition to long-term disability.
 4. notify the employee's department and the employee of disapproval verbally within five (5) working days after accurate and complete forms (Application and Statement) are received by the Plan Administrator. Notification of the employee shall also be done in writing within sixty (60) days after forms are filed with the Plan Administrator, in accordance with Section 6.04 of the Plan Document.

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5. pay monthly benefits to the employee on long-term disability. These benefits shall be equal to forty (40) percent of the employee's regular compensation at the time the short-term disability commenced or sixty (60) percent if the employee has purchased additional disability insurance. (Pay excludes longevity, merit, overtime, shift-differential, higher classification pay, or any premium pay or cost-of-living or other salary increases occurring during the first twenty-six (26) weeks of short-term disability.)
 6. make adjustments to benefits as provided for in Section 4.05 and 4.07 of the Plan Document.
 7. provide information to the employee regarding applying for Social Security benefits if the employee is not already receiving such benefits.
 8. reduce the employee's benefits by income received from other sources which are listed in the Plan Document, Section 4.05
- E. The employee's supervisor or employee's department payroll clerk shall
1. remove the employee from the active payroll and place the employee on temporary status (Temporary Code 5) if the employee has leave (personal leave, annual leave, compensatory time, banked sick leave) remaining to supplement the long-term disability benefits. Leave supplements shall be paid bi-weekly through the regular payroll.
 2. remove the employee from the active payroll and complete a Long Term Leave Notice if the employee has no leave remaining to supplement the long-term disability benefits.
 3. discontinue the employee's accrual of annual and personal leave.
 4. disallow the employee to buy back personal leave.
- F. The employee on long-term disability shall
1. remain on long-term disability no longer than twenty-six (26) weeks.
 2. cooperate with the Plan Administrator in carrying out the procedures outlined in this A.D. and the Plan Document.

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3. call in to his/her supervisor at least twice weekly or on a schedule requested by the supervisor, in accordance with the Absenteeism and Tardiness A.D. 4.2.
 4. apply for Social Security benefits, as required in the Plan Document, Section 4.06.
 5. continue to receive flex benefits; however, the employee shall discontinue receiving flex benefits through the City at the end of twenty-six (26) weeks on long-term disability. The employee shall contact Risk Management to verify coverage or to make any changes in coverage.
 6. not work for any other employer while on long-term disability unless the work is rehabilitative employment approved by the Plan Administrator.
 7. notify the Plan Administrator of any medical changes, etc.
- G. At any time deemed necessary, the Plan Administrator may consult with the City Physician regarding an employee receiving long-term disability benefits or may refer the employee to the City Physician or a licensed physician selected by the City. The City Physician may contact the Attending Physician for additional information needed to evaluate the employee's long-term disability. If it is determined that the employee is able to work, long-term disability benefits shall cease; the Plan Administrator shall notify the employee's supervisor within one (1) working day after the Plan Administrator receives the physician's recommendation; the employee shall be removed from the Program; and the supervisor shall notify the employee to return to work.
- H. If at the end of twenty (20) weeks on long-term disability, medical information indicates that the employee will be unable to assume regular duty by the end of twenty-six (26) weeks on long-term disability, the Plan Administrator shall advise the employee's department head to begin termination procedures.

V. TERMINATION OF PARTICIPATION IN EXTENDED SICK LEAVE PROGRAM:

- A. An employee may be removed from the Extended Sick Leave Program if at any time during short- or long-term disability the employee
 1. refuses to follow the guidelines outlined in this A.D. or the Plan Document.

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2. refuses to comply with instructions of the Plan Administrator when carrying out the procedures outlined in this A.D. or the Plan Document.
 3. gains a new source of permanent income or gainful employment.
 4. who is permanently disabled and unable to return to regular duty refuses to participate in rehabilitation.
 5. refuses to accept a light-duty position.
- B. Participation in the Extended Sick Leave Program shall terminate in accordance with Section 3.02 of the Plan Document.

VI. APPEALS:

- A. In compliance with Section 6.04 of the Plan Document, the employee may appeal denial of short- or long-term disability benefits.
- B. The employee shall not receive any benefits until completion of the appeal process. The employee may use annual leave, personal leave or leave without pay until the appeal is resolved. The employee may use banked sick leave if all personal leave is exhausted, except for the qualifying period.

VII. TERMINATION OF EMPLOYEE:

- A. An employee shall be terminated through usual procedures
1. after fifty-two (52) weeks of disability [twenty-six (26) weeks of short-term disability plus twenty-six (26) weeks of long-term disability]. The employee may choose to retire or resign.
 2. if at any time during short- or long-term disability he/she fails to follow call-in procedures as instructed.
 3. if at any time during disability he/she fails to return to work as instructed.
 4. if he/she violates any of the rules and regulations of the City of San Antonio which shall result in an employee's termination.
- B. The employee who gains a new source of permanent income shall be expected to retire or resign from City employment.

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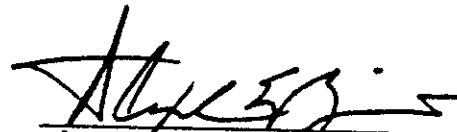
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VIII. DURATION OF BENEFITS:

The employee who is disabled and unable to return to regular duty or an alternate position with the City after receiving short- and long-term disability benefits [total of fifty-two (52) weeks] shall receive benefit payments up to the maximum period outlined in Section 4.04 of the Plan Document.



George K. Noe
Director of Management Services

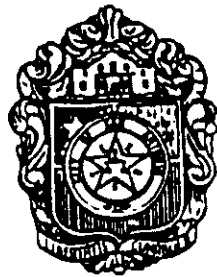


Alexander E. Briseno
City Manager

2/22/91

Date

CITY OF SAN ANTONIO
EXTENDED SICK LEAVE PROGRAM



Mail this form to:

THIS FORM MUST BE RECEIVED
BY THE PLAN ADMINISTRATOR
WITHIN 30 DAYS AFTER ONSET
OF THE DISABILITY. NO BENEFITS
WILL BE PAID IF THIS FORM IS
RECEIVED AFTER 30 DAYS.

Rosie Perez
Human Resources Dept.
P.O. Box 839966
San Antonio, Tx. 78283-3966
Ph. # 207-7291 Fax: 207-2176

EMPLOYEE: Please complete Part A of the application and have your attending physician complete Part B. Return the completed form to the address above. Failure to answer any of these questions may delay the processing of your claim for benefits. If you need assistance with this form, contact Rosie Perez.

EMPLOYEE STATEMENT

1. Name: Last _____ First _____ Middle _____
Social Security Number _____ Sex _____
Date of Birth: Month _____ Day _____ Year _____
2. Street Address: _____
City _____ State _____ Zip _____
Telephone: Area: _____ Number: _____
3. What is the nature of your sickness or injury? (Describe complications, if any.)
If pregnant, give due date.
4. What was or will be your last day at work? Month _____ Day _____ Year _____
5. For what period were you or do you expect to be disabled?
From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____
6. When were you last treated by a doctor? Month _____ Day _____ Year _____
7. Have you been released from doctor's care? Yes _____ No _____
If yes, when? Month _____ Day _____ Year _____
If no, how often do you see your doctor?
8. Please list the name(s) and address(es) of hospitals where you were or will be confined for your illness.
9. Is this condition due to a job related illness or injury? Yes _____ No _____
If yes, explain.
10. Was your illness or injury caused by the wrongful or negligent act of another person?
Yes _____ No _____
If yes, explain.

I HEREBY CERTIFY THAT THE ANSWERS ARE FULL, COMPLETE AND TRUE. I HEREBY AUTHORIZE THE PLAN ADMINISTRATOR TO EXAMINE AND SECURE COPIES OF ANY MEDICAL, INSURANCE COMPANY OR OTHER RECORDS OR INFORMATION. A COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

(Date)

(Signature of Employee)

PART B

ATTENDING PHYSICIAN'S STATEMENT

CITY OF SAN ANTONIO
EXTENDED SICK LEAVE PROGRAM

Mail this form to:

THIS FORM MUST BE RECEIVED
BY THE PLAN ADMINISTRATOR
WITHIN 30 DAYS AFTER ONSET
OF THE DISABILITY. NO BENEFITS
WILL BE PAID IF THIS FORM IS
RECEIVED AFTER 30 DAYS.

Rosie Perez
Human Resources Dept.
P.O. Box 839966
San Antonio, Tx. 78283- 3966
Ph. # 207- 7291 Fax: 207- 2176

DOCTOR: The ordinance establishing the City's extended sick leave plan requires that the employee be under the care of a licensed physician. This form is necessary for the City to properly administer its extended sick leave payments. The employee will not be paid until this form is completed and filed with the Human Resources Department. We appreciate your cooperation.

1. Patient's Name: Last _____ First _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____

2. Date first consulted for this condition: Month _____ Day _____ Year _____

Date of last treatment: Month _____ Day _____ Year _____

3. I hereby certify that this patient was totally and continuously disabled from his/her regular occupation from ____/____/____ to ____/____/____ because of:

(ICDA Code)

Specific Diagnosis)

The patient: _____ May return to work on: Month _____ Day _____ Year _____
_____ May return to part-time or light duty on:
Month _____ Day _____ Year _____
(Please specify restrictions on hours or duties.)

4. If pregnant, estimated date of confinement: ____ / ____ / ____

5. REMARKS: (Provide additional information to indicate extent of any disability. Also, indicate dates and nature of treatment.)

6. Surgery Date: ____/____/____

(Date)

(Physician's Signature - no stamps)

Physician's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Taxpayer I.D. Number: _____

Neither the City of San Antonio nor its representatives are responsible for any charges incurred for preparation of this report.

CITY OF SAN ANTONIO

MANAGEMENT SERVICES

INTERDEPARTMENT CORRESPONDENCE SHEET

TO: Department Directors

FROM: George K. Noe, Director of Management Services

COPIES TO: Payroll Personnel, File

SUBJECT: USE OF BANKED SICK LEAVE

Date: September 14, 1994

In January of 1985, a committee appointed by the City Manager recommended the replacement of accrual of sick leave with the Extended Sick Leave Program, which provides for more generous income protection. This Program allows employees who are eligible to be covered for 26 weeks of Short-Term Disability and 26 weeks of Long-Term Disability. The intent of the committee was that the Sick Leave Bank would be frozen as of December 31, 1984. Days already in an employee's bank would be carried over for use in an extended illness situation. These days would be used only to supplement the income provided from the Extended Sick Leave Program to bring the employee up to 100% of pay. By so doing, the employee with time already in the bank does not lose any benefits and could possibly receive up to 48 weeks at 100% of their salary. Under the old sick leave policy the maximum an employee could receive was 20 weeks.

Personal Leave, which replaced accrual of Bank Sick Leave was provided for employees to be utilized not only for their personal illness but for family or personal emergencies and vacation.

Over time, through written policies and verbal policies, employees have been allowed to utilize their Banked Sick Leave outside the Extended Sick Leave Program.

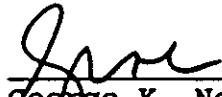
In order to comply with Ordinance 59309, Attachment VI, the committee's intent and to prevent continued misuse effective October 1, 1994, Banked Sick Leave may be used only to supplement the Extended Sick Leave Program.

Departments will be responsible for disseminating this information to employees.

This revision supersedes all previous directives and other correspondence on this subject.


In order to insure that this information has been received by all payroll personnel, we are asking that Rosalie Shepard be called at 299-7294 by October 1, 1994.

Questions or interpretations regarding this change should be directed to the Employee Services Division at 299-7294.



George K. Noe
Director of Management Services

APPROVED:



Alexander E. Briseño
City Manager

**City of San Antonio
Office of the City Manager
Memorandum**

To: All Civilian City Employees With Existing Banked Sick Leave
From: Alexander E. Briseño, City Manager
Copies: File
Subject: Banked Sick Leave

Date: November 29, 1995


It has come to my attention that some employees have inquired about the use of Banked Sick Leave, and specifically regarding payment of their Banked Sick Leave hours in connection with retirement. I want to take this opportunity to reiterate the City's policy on this issue.

The City's sick leave policy, either before or after the establishment of the Sick Leave Bank, has never provided for payment of accumulated sick leave hours upon separation from employment. Effective January 1, 1985, Ordinance 59309 created the Sick Leave Bank and the Extended Sick Leave Program. At that time, employees who had accumulated sick leave up to a maximum of 800 hours had it placed in the Sick Leave Bank, with the intent that these hours would be used only to supplement the Extended Sick Leave Program. Personal Leave was created to replace accrual of sick leave and for employees to use in the event of short-term personal illnesses, family or personal emergencies, or even vacation.

In September 1994, after it was discovered that Banked Sick Leave had been improperly used outside the Extended Sick Leave Program on an infrequent basis, a memo was issued to department directors clarifying the purpose of Banked Sick Leave, indicating the need to comply with Ordinance 59309, and directing that this information be disseminated to all employees. Currently, the City is reviewing the extent of any wrongful payments; once the review is completed the City will determine whether any of the monies can be recovered.

I feel strongly that these programs are valuable benefits to City employees. The Extended Sick Leave Program supplemented with hours from the Sick Leave Bank has made it possible for employees, who have become disabled for extended periods of time, to be away from work at full pay for many weeks, even up to a year. And, as all of you are aware, wise use of Personal Leave can result in payment of unused days at the end of each year through the City's Personal Leave Buy-Back Program. The maximum allocation of Personal Leave was recently changed from 8 to 10 days per year. For many employees, this can represent as much as a bi-weekly paycheck every December. In fact, in December 1994 a total of \$1.8 million was paid to employees in Personal Leave Buy-Back, and an estimated \$1.9 million may be paid in December 1995.

These are good benefits, but in order for them to continue to work properly for all employees, they must be administered according to their intended purpose. Employees having any further questions concerning this matter should contact Robert Salinas, Assistant Human Resources Director, at 207-8433 or the Employee Services Division at 207-7294. Thank you all for your cooperation.


Alexander E. Briseño
City Manager